PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 34800 7590 01/28/2008				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
ANIS RAHMAN 2218 SOUTHPOINT DRIVE HUMMELSTOWN, PA 17036				have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEI		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/710,303	07/01/2004		Anis Rahmar			8424
TITLE OF INVENTION:						
NO	VEL PHOTONIC	C WAVEGUIDE ST	RUCTURES F	OR CHIP-SCALE	E PHOTONIC INTEGRA	ATED CIRCUITS
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720		\$300	\$1020	04/28/2008
EXAMINER		ART UN	IT .	CLASS-SUBCLASS	7	
KIM, ELLEN E		2874		385-129000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			•	•• •	ignee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Applied Research and Photonics, Inc.			Harrisburg, Pennsylvania			
Please check the appropriate	assignee category or	categories (will not be pr	inted on the patent	: 🗆 Individual 🗵	Corporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed:			4b. Payment of Fee(s):			
☑ Issue Fee ☑ Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.			
Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to			
			Deposit Account	Number	(enclose an extra c	opy of this form).
5. Change in Entity Status	,	•		1 1:: 0		ED 1 00/ 1/01
The Director of the LISPTO		· · · · · · · · · · · · · · · · · · ·			IALL ENTITY status. See 37 Coasty paid issue fee to the applica	
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Authorized Signature			Date			
Typed or printed name			Registration No.			
an application. Confidentials submitting the completed ap- this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	pplication form to the for reducing this bur inia 22313-1450. DO 1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	1.14. This collection depending upon the Chief Information COMPLETED FOR	n is estimated to take I be individual case. Any n Officer, U.S. Patent a LMS TO THIS ADDRE	y the public which is to file (an 2 minutes to complete, including comments on the amount of time of trademark Office, U.S. Dep SS. SEND TO: Commissioner it displays a valid OMB control	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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